

(Note: This form is provided to assist you in maintaining required information. Carriers may also submit the requested data in electronic format or in printout attached to this form. Contact your state agency for acceptable data formats.)

USDOT Number	MC or MX Number	FF Number	Telephone Number	Fax Number
Legal Name			E-Mail Address	
Doing Business Under The Following Name (DBA)				
Principal Place Of Business Street Address (See Instructions)				
Principal Business City		Principal Business State		Zip Code
Mailing Street Address				
Mailing City		Mailing State		Mailing Zip Code

☐ Motor Carrier ☐ Motor Private Carrier

[illegible]

Name Of Owner Or Authorized Representative (Printed)		Date
Signature	Title	

UNIFIED CARRIER REGISTRATION FORM UCR-1 Continued

USDOT Number	MC or MX Number	FF Number	Carrier Name

Continued

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